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Bib Data Sheet

CONFIRMATION NO. 1392

|  |  |   |                         |                                       |
|--|--|---|-------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/001,960  | FILING DATE<br>05/03/2002<br>RULE  | CLASS<br>604  | GROUP ART UNIT<br>37663 | ATTORNEY<br>DOCKET NO.<br>12013/58901 |
| <b>APPLICANTS</b><br>Eric B. Stenzel, Tuam, IRELAND <i>KCS</i><br><i>None</i>            |  |   |                         |                                       |
| <b>** CONTINUING DATA</b> <i>None</i>  |  |   |                         |                                       |
| <b>** FOREIGN APPLICATIONS</b> <i>None</i>   |  |   |                         |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 06/05/2002                      |  |   |                         |                                       |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>KCS</i> | STATE OR COUNTRY<br>IRELAND   | SHEETS<br>DRAWING<br>4  | TOTAL CLAIMS<br>29                    |
| <b>INDEPENDENT CLAIMS</b><br>4   |  |   |                         |                                       |
| <b>ADDRESS</b><br>23838  |  |   |                         |                                       |
| <b>TITLE</b><br>Method, tool, and system for deploying an implant into the body          |  |   |                         |                                       |
| FILING FEE RECEIVED<br>986   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                         |                                       |